

kix.  
l be  
oré,  
rds,  
nces  
and  
the

t. 16,  
ning  
E.,  
the  
Rev.  
and  
, all

by  
diss

su-  
ted  
the  
av-  
ore.  
Mr.

the  
ton  
#.

the  
"a,"  
and  
D.

ice  
ell,  
E.

rt,  
by  
w  
B.

es  
B.  
nd

75.  
in

y-  
W.  
d,

st.  
V.  
C.

y.  
st  
a

ne  
r-  
y  
d

# THE MEDICAL AND SURGICAL REPORTER.

No. 875.]

PHILADELPHIA, DEC. 6, 1873.

[Vol. XXIX.—No. 23.]

## ORIGINAL DEPARTMENT.

### LECTURE.

#### CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of  
Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On the Diagnosis and Treatment of Diseases  
of the Aortic Valve.

GENTLEMEN—The aortic valve, standing as it does at the very door of the circulation, though perhaps not more important than the other valves of the heart, is much more frequently affected by external conditions. It is composed of three leaflets, each being attached at both extremities and along one margin, in such a way as to form a sort of bucket; into these little cavities the blood flows, when it is driven backward by the elastic recoil of the aorta, distending them and forcing their free edges together so as to close the orifice completely. As the leaflets are soft and flexible they are easily folded back against the sides of the vessel by the outward current of blood, and for this reason offer no resistance to it. You are aware that in all elastic tubes the force of recoil is in direct proportion to that of distention; we find, therefore, that the force expended at every contraction of the left ventricle in dilating the aorta is returned again with but little diminution, and aids in the propulsion of the blood, the point of resistance being the aortic valve. Now so long as the blood flows freely, the strain on the

valve is moderate, but if there is any obstacle, as increased arterial tension from chronic Bright's disease, this must be greatly augmented. In hammer-men in mines and foundries, in those employed to lift heavy weights, and in fact in any occupation which requires great muscular exertion with the arms, the same facts may be observed; for during the act a long breath is taken, the chest walls are fixed, the diaphragm depressed, and the heart and arch of the aorta filled with blood, which escapes with difficulty, because all the large vessels given off from the arch of the aorta are pressed upon by the contracted muscles, so that a great strain is brought to bear upon the aortic valve in consequence of the violent contractions of the heart, which it is stimulated to make to overcome the resistance. The strain here is so excessive that it is rarely continued long with impunity. The tissues of the valve are irritated by the oft-repeated strain, and a process of sub-acute inflammatory action is set up, which ultimately leads to organic disease. Experience shows, therefore, that out of every hundred cases of aortic valvular disease, seventy-five occur in men, the majority of whom have been in the habit of making powerful exertions with the arms and trunk. If, then, these conditions, kept up day after day, are able to produce lesions of the aortic valves, the question arises whether or no an abrupt effort can cause sufficient strain to rupture a healthy valve. There is no direct proof of this ever having happened, and it is probable that in those cases where it appears to have taken place there was some previous though latent tissue change.

The specimen before you was obtained from a man who met with this accident six years ago, while using violent effort to turn a large windlass. He had been subject to rheumatism, however, for several years before, and had suffered from palpitation, so that there must have been some impairment of structure at the time. The semilunar valve seems to have only two leaflets, but on close examination the larger one is found to be made up of two, and upon turning it back the point of former attachment can be seen. On the side of the aorta, which is universally atheromatous, there is a Y shaped scar, indicating the position of the rupture. In consequence of this there was extreme insufficiency of the valve, allowing very free regurgitation. The heart became enormously enlarged and dilated, and death finally occurred suddenly.

Valvular lesions are of two kinds, first the obstructive, and second the regurgitant. The first class depends either upon the growth of vegetations, or upon the leaflets becoming rigid and contracted in their long diameter, so as to stretch like firm bands across the entrance of the aorta; both forms encroach upon the orifice of the vessel and obstruct the passage of the blood. In the second class the blood is allowed to pass back into the left ventricle at each diastole; it may be caused by rupture, by ulceration, or by contraction of the leaflets in the direction of their base of attachment. These two varieties may exist together or separately; they are distinguished by the different groups of rational and physical symptoms to which they give rise, and will be best illustrated by presenting to you patients in whom different forms of the disease are present.

The first case I show you illustrates clearly all the symptoms of aortic regurgitation, while at the same time it shows that in some cases the disease of the aortic valves comes on acutely in consequence of rheumatic inflammation.

William —, *ret.* 22, a sailor, states that all his family were healthy except his mother, who died of heart disease. He was temperate in habits and always enjoyed good health until March 1868, when he had an attack of acute rheumatism, which was repeated one year afterwards. He came into the hospital on April 23d, 1869. At that time he had palpitation of the heart, dyspnoea with occasional hæmoptysis, and very slight oedema of the legs; the physical

signs of disease of the aortic valve were also noticed. After admission he gradually improved, and during the past six months has been able to do light work. At present his skin is pale, but there is no indication of marked disturbance of circulation. On examining the heart, decided fulness of the precordia is observed, the impulse is very much increased, extending over the whole cardiac region, from the third to the sixth interspace; to the hand placed on the chest it appears to be jerking and undulatory, and a tremulous motion can be felt over the upper piece of the sternum. The position of the apex beat is two inches outside of the left nipple, in the sixth interspace, that is, it is three inches further out and half an inch lower down than normal.

Percussion dulness begins at the third rib and reaches down to the sixth; horizontally it extends from mid-sternum to one inch and a half outside of the line of the left nipple, its area being five and a half inches in oblique, and the same in transverse diameter, fully twice as great as that of the healthy organ. The third interspace, at the left border of the sternum, is the best place to begin auscultation; and when the stethoscope is applied at this point a double murmur is heard; the first part is systolic and is low, soft and short; the second part is long, loud, rather harsh, and diastolic. This difference in time is determined by placing the finger over the apex of the heart, which strikes the thorax simultaneously with the contraction of the ventricle, and therefore any murmur that is synchronous with the apex beat is systolic. The pulsation of the carotid artery occurs almost at the same time as the ventricular systole, and hence may also be used as the point of reference. A systolic murmur also follows the long period of silence, and is in turn followed by a short pause and the second sound of the heart. A diastolic murmur, on the other hand, comes after the short pause, between the first and second sound, after the apex beat and carotid pulse, and accompanies or replaces the second cardiac sound. The position of greatest intensity and the direction of transmission of a murmur shows at which valve it is produced. In this instance it is loudest at the second interspace, to the right of the sternum, is transmitted upward along the aorta into the carotid and subclavian arteries, and downward over the entire length of the sternum, whereas over the body of

the heart and towards its apex it grows feeble. Such a distribution of sound is typical of lesion of the aortic valve, and as the murmur is double there must be both obstruction and regurgitation. The latter is also indicated by the pulse, which is unsustained, quick and jerking; though these characters are not so evident as in some cases, on account of the obstruction which coexists.

The next patient to whom I will call your attention is William —, æt. 51, very in-temperate for the last eight or ten years; has also had a chancre, followed by buboes, but by no very definite secondary symptoms; his occupation, that of an oyster dredger, was laborious, requiring much excessive exertion with the shoulders and arms. He enjoyed good health, however, until one year ago, when he began to complain of shortness of breath, palpitation, and weakness, and was obliged to give up work. At present his muscles are soft and relaxed, he is pale and has cold extremities, but there is no œdema. There is no bulging of the precordia, the apex beat of the heart is at the upper border of the sixth rib, and about half an inch too far to the left, while its impulse is somewhat diffused and not very strong. The area of cardiac dulness is slightly increased, extending from the left border of the sternum to a point just inside of the line of the left nipple. On auscultation, a distinct, low-pitched, systolic murmur is heard, after which there is a short pause; then comes the second cardiac sound, which is rather booming, and with it a faint murmur. These two murmurs are heard over the aortic area, and grow fainter toward the apex of the heart, where another murmur arises, coincident with the second sound of the heart, and transmitted into the left axilla. The pulse beats 75 times per minute, is irregular, and accompanied by visible movements of the arteries, which feel tortuous and rigid to the finger.

Taking into consideration all the points in this case, a diagnosis may be made of double lesion of the aortic, and roughening of the mitral valve, with moderate dilatation of the left ventricle, and atheroma of the arterial system. It must not be inferred from these two instances that aortic regurgitation and obstruction are always associated, for such is not the fact; when they are found together one lesion usually predominates over the other, although they are sometimes present in an equal degree. Thus, in the patients before you, regurgitation is most

prominent in the first, and obstruction in the second.

Disease of the aortic valve occurs most frequently after the age of 35 years, and is, in a majority of cases, due to chronic structural change, or, in some instances, of which the first case is an example, to acute inflammation of a rheumatic nature; the latter usually results in the production of vegetations on the leaflets of the valve.

The first effect of aortic regurgitation is to decrease the amount of blood circulating in the arteries, thus calling for an increased action on the part of the left ventricle, which cannot be long sustained without hypertrophy taking place. As long as this continues to predominate the general health does not suffer severely, but as soon as the tone of the muscular fibre becomes impaired, and marked dilatation becomes associated, the contraction of the ventricle becomes feeble. If the dilatation is great, the mitral valve may become insufficient; the blood then flows back into the left auricle at each ventricular systole, distending it, and at the same time preventing the free return of the blood from the lungs to the heart. As a consequence of this pulmonary obstruction, the blood accumulates in the right ventricle, which in its turn becomes enlarged and dilated, causing insufficiency of the tricuspid valve, and regurgitation into the right auricle, leading to its dilatation, and finally to obstruction of the systemic venous circulation.

The symptoms developed during this chain of events are to be ascribed to congestion of the lungs, liver, spleen, kidneys, stomach, and intestines; they may be postponed for a long time, and, together with the anasarca, are not usually observed until after the onset of pulmonary engorgement.

Similar results are brought about a little more quickly by aortic obstruction.

In treating either form of this disease, we must endeavor to prevent any interference with the free circulation of the blood through the arteries, and also to maintain the tone of the left ventricle.

The clothing should be warm, and chilling of the surface from exposure to changes of the weather should be avoided. The patient must be cautioned against making sudden muscular exertions, as lifting weights or running to catch cars, for it is under such circumstances, in this, above all other affections of the heart, that sudden death is liable

to occur. The diet should be moderate in amount and unstimulating, and a small quantity of some laxative mineral water taken daily aids in keeping up the regular action of the different functions of the body.

For the second indication several drugs have been recommended, but the best is digitalis, which certainly stimulates the heart to more efficient contractions, probably through its action upon the nerve centres controlling the cardiac movements. In cases, therefore, where the left ventricle is subjected to an overwhelming, constantly-repeated strain, as it must be in marked aortic regurgitation or obstruction, the use of digitalis is clearly called for, and its judicious administration will often be followed by the best results.

Much has been said about the risk of digitalis accumulating in the system, and producing sudden and dangerous effects. If, however, a proper dose is selected, and its operation carefully watched, no danger from this source need be apprehended. When during its use the heart, instead of beating violently and inefficiently, settles down into a more healthy action, and the pulse becomes stronger and fuller, the doses should be lessened and the interval between them lengthened, as it is only when carried beyond this point that there is any risk. The dose to begin with is ten drops of a good tincture repeated every six hours, gradually increasing both the quantity and frequency of administration until the wished-for result is attained, always remembering that when this is once reached a much smaller amount of the medicine is required than before.

The fact that sudden death has occurred during the use of digitalis is no argument in support of the supposed cumulative action, as the diseases in which it is employed very often terminate suddenly. On the contrary, there are cases on record where sudden death has occurred from failure of the cardiac contractions soon after it has been discontinued. Such, indeed, was the case with the first patient referred to, who had extreme aortic regurgitation. In cases that are suitable, the free, fearless and continued use of this drug will relieve the most alarming symptoms of failing circulation, prolong life, sometimes for years, and afford incalculable comfort. The use of other remedies, as quinine, strychnine, arsenic, and iron, which aid in maintaining nutrition and muscular power, must not be neglected.

## COMMUNICATIONS.

### A CASE OF REMITTENT FEVER WITH CONGESTION OF THE BRAIN.

BY JOHN L. COOK, M. D.,  
Of Henderson, Ky.

A case recently came under my observation which presents some interesting features.

On the 5th of August, 1872, I visited Mr. R. J., five miles in the country, farmer, who had been ill for some weeks with tertian intermittent fever. Monday, Wednesday and Thursday previous to my visit, had paroxysms each day, and from Thursday noon until Friday night ten o'clock, thirty-four hours, had remained unconscious; tongue slightly furred, and had fever; Thursday night and Friday morning he took twenty grains quinine, from the best information I could obtain, as parties disagreed as to the sizes of doses.

*Diagnosis.*—Remittent fever with congestion of the brain. He took the following:

R.	Potas. brom.	ʒij.
	Aquæ,	ʒvj.

Fiat mist.

Teaspoonful every three hours.

Also this:

R.	Calomel,	grs. xxx.
----	----------	-----------

Fiat chart No. 3.

One every three hours, alternating with the potassium.

Ice water to scalp. All these remedies were used for the same purpose, namely, to diminish the quantity of blood in the brain.

Saturday, August 9. Better; bowels had acted copiously four times; was conscious, but quite weak. Continued bromide potassium for its sedative effect. Omitted quinine.

August 10. Fever arose at four P. M. the day previous; delirious through the night, but fever had abated, which was never high through the course of the disease. Pulse moderately strong. Doses of five grains of quinine were ordered until five should be taken; three were given before the fever arose, and two after. Bromide of potassium administered occasionally to counteract the effects of quinine on the brain, as well as control congestion of the same.

August 11. Had been quite restless through the night, and in fact during the



whole of his sickness. Incoherency when not aroused. Tongue very dark. Body cool after the fever passed away in the night. Left three powders of quinine, of ten grains each, of which he retained two, but vomited the third one; ten grains calomel as a cathartic and sedative. Was called in the night, as the patient was thought to be dying. Found him perspiring, cool, and very much prostrated. Gave a teaspoonful of whiskey frequently, and morphia to induce sleep. Remained all night.

August 12. No operation for a day, warm, but intense cephalalgia. Prescribed calomel and bromide of potassium, as I did the first visit, August 8th. If calomel did not move the bowels to have sulphate of magnesia.

August 13. Took the medicine according to directions, except the salts, which he did not take at all. Dr. Wm. M. Hanna made this morning's visit for me. He very judiciously ordered an enema, and fifteen grains of quinine, in three doses, for the forenoon, and the same quantity for the following day.

August 14. Much better; bowels moved eight times without any injections. No fever; appetite returning. Patient put on iron, quinine and strychnine, and discharged.

*Commentary.*—Now it will be observed that on the day of my first visit I failed to give quinine. Here was a difficult case to treat scientifically. The man had been semi-comatose over thirty hours, and quinine would certainly augment congestion of the brain, and I might thereby kill my patient. Here is the dilemma. In so far as quinine destroys malaria it will accomplish good, but it might hopelessly aggravate the complication. The question was would the return fever or quinine do more injury to the brain? If the former, then the drug was imperatively demanded; if, on the other hand, it was thought the quinine would be more detrimental, then surely we should refrain from its use. In reflecting upon the case, I am inclined to think quinine should have been given at my first call. However, at the time, I apprehended death from congestion, ending in exudation, if speedy relief were not obtained. It may be that the treatment saved the patient, but this I defer to the judgment of your readers. It remains for me to offer other reasons for the course I pursued. The main object was to diminish the congestion of the brain. How could this be done? By giving medi-

cines to produce contraction of the cerebral blood-vessels, viz, bromide of potassium and calomel, with the addition of cold water to the head. Had there been fever of a high grade, I should have governed the heart, and therefore the temperature, with six or eight drops of tincture of veratrum, given as often as necessary. The patient must not be allowed to die from mere combustion. Never fail to control dangerous febrile excitement, no matter from what cause. The bromide of potassium and calomel do their work admirably well, when given in time in inflammation of the brain or membranes, that is, before exudation makes it irretrievably too late, for they can do no good when the patient is completely comatose, from foreign matter infringing on the brain tissues.

Why give calomel? To produce ptialism? No. But because it acts on the cerebral blood-vessels just as bromide of potassium does, to wit: constricts them, inducing anæmia of the organ, according to the views of Prof. Wm. A. Hammond; and he never guesses as to the therapeutical action of any medicine. He demonstrates; he proves. Here then, this excellent medicine came in to play an important part in this complication. This drug is very potent for good or evil, just as we select cases for its administration, and hence its abuse and praise by different schools of practitioners. It must be given in the right place. While in coma from congestion, it will act like a charm, but in coma from inflammatory lymph it can but do mischief. So with bromide of potassium: To give calomel just because our ancestors gave it is quite irrational, I must admit; but if it produce anæmia of the brain, which we have no reason to doubt, of course give it when that important organ is congested; and on the other hand, if the patient have anæmia of the brain, too little blood, and cephalalgia is the result; most assuredly calomel would increase the anæmia, and consequently augment the severity of the pain.

Second, I gave it as a cathartic; and in view of the foregoing facts, it can be stated that it is inflammation of the cerebro-spinal organs which destroys life in *spotted fever*; but with the measures, etc., referred to, viz: cerebral and arterial sedatives, at least ninety per cent, if not every case, should be saved which escapes destruction at the outset by collapse. Why sir, there is one great

difficulty with many physicians; they treat names and let actual conditions go. We must do the reverse. When there is depression resort to stimulants, when there is excitement, fever, etc., rely on sedatives, and when there is exhaustion depend on sustaining measures. This rule will always hold good, and should govern us in the treatment of any case, whether mild or malignant, for there are many malignant fevers which present high types of fever, but it is the more essential to hold them in abeyance during the proper stages. Whenever we find the temperature running up to 104 and 106 in pneumonitis, yellow fever, or anything else, by all means bring the bodily heat to as near the normal standard as possible, by appropriate medicines. Again, it is common in cerebro-spinal meningitis, as well as other complaints, to give a little quinine, a little Dover's powder, ipecac, whiskey, calomel, veratrum, and many other medicines whose therapeutical action are just as diverse. This is blind treatment. This is random treatment. It lacks science. It lacks common sense. To give sedatives in depression, stimulants in excitement, and again sedatives in exhaustion, is the first step towards a funeral. Where the disease tends to death such a course will never restore the patient, and it will be a wonder if it do not kill him.

In the case reported, I endeavored to control the amount of blood going to the brain, just as a man does the hose when he wishes to supply water in quantities to suit his conveniences and necessities. First aim to fully comprehend the physiology and the pathology of any morbid process, for when the nature of the complaint is understood, we will know the sort of remedies we desire. Diseases whose course is to restoration, require little if any medication, the chief reliance being on suitable alimentation. This is far from the case where death soon takes place unless the progress of the malady be checked. This is particularly so with cerebro-spinal meningitis, congestion of the brain, cholera, yellow fever, etc. Energetic measures must be adopted, but blind heroic treatment may murder the victim. If we find one laboring under congestion of the brain from fever or other causes, would it not be criminal to use small doses, much less infinitesimals, and thus fall short of what nature demands in relieving an abnormal condition, which could be done

with doses from ten to thirty grains of calomel, alternated with from thirty to sixty grains bromide of potassium every three hours, if less would not suffice.

Other means looking to the same end would be valuable aids. During the prevalence of *spotted fever* in Hardin county, Kentucky, two years ago, I saw a patient with Dr. R. B. Pusey, where the complication affected the spinal cord, leaving the brain perfectly free. Had fever, pain in the back, slight opisthotonos, no head troubles, but despite the Doctor's efforts he died after several weeks' suffering.

I am satisfied this was similar to cases we meet, except the disease manifested itself in the cord alone. To illustrate the grounds I have taken, would it not have been futile to give bromide of potassium to this patient, as is customary in cerebro-spinal meningitis? Certainly, because that medicine has no specific effect on the cord, it acts on the brain; but belladonna, ergot, etc., which diminish the quantity of blood in the cord, were the only hope. At the same time I reported a case of cerebro-spinal meningitis which was published in the *Richmond and Louisville Medical Journal*. The child lingered forty-nine days and died. I did the best I could with the lights before me. But I think that patient should have been cured. There is no doubt in my mind but that there was a proper way to save that child's life, had I known and pursued it. From the reports in medical journals, physicians in the South are curing more cases of cerebro-spinal meningitis now than ever before. Look at the records and see why. They are like the wise general who besieges an almost impregnable fort. They waste no time with grape and canister, small doses of opium, bromide of potassium calomel, with the strange medley of whiskey and quinine, when artillery only can reach the disease, viz: calomel, bromide of potassium in doses referred to above. Two days or even one day may make it everlastingly too late. Exudation may take place rapidly, coma become established, and death is the result. These large doses are to prevent that which will surely destroy life, the pouring out of lymph, pus globules, etc. To treat the disease successfully, treat it early, control the cerebral and arterial circulations. With regard to large doses of calomel, so far as I know, I am the first to contend that it is curative in cerebro-spinal meningitis, or

congestion of the brain, by diminishing the quantity of blood in the minute cerebral blood-vessels.

Last spring, my friend, Dr. J. A. Hodge, of this city, relieved a case of the former disease by large doses of veratrum, bromide of potassium, occasionally calomel, and application of ice to the cranium.

In his opinion quinine did no good, and perhaps harm, which after a short trial, was discontinued. Upon the recovery of his patient I thought verily it should be said of him: "Well done, thou good and faithful servant, enter into the joys of thy" Profession.

I am frequently asked with regard to the utility of ice locally in cerebro-spinal meningitis. Like other questions it can be fairly met. In the first or chilly stage, *depression*, it should be peremptorily prohibited, for it is a potent sedative, and the shock to an already depressed system may cut short life in a little while; but, when fever arises, do not say to the nurses it had best be used, but say it *must be done*, without remission, and mark me, such emphatic words will be heeded and obeyed, when otherwise they would amount to nothing. Again, towards the close of the disease there will be exhaustion. Now what must we do? I imagine every reader can answer this query. Abandon ice topically, as well as sedatives internally, and hang our hopes on stimulants and nourishment.

Ice is correlative with calomel, bromide of potassium, etc., in its action, and therefore used for the same purpose. So in the comatose state, which is one of exhaustion, put no ice applications to the head. When admissible at all, it is for some specific purpose. Every step we take in the treatment of disease should have a definite object in view. And, for example, in brain fever, I have known physicians to prescribe bromide of potassium, which is perfectly right in its place, but at the same time give whiskey, the latter directly counteracting the desired effects of the former. Who ever saved patients in that way? Nobody. It cannot be done. I have briefly touched this point before, but its importance is my apology for introducing it here. The aim of the skilled workman is the centre, and it were well for us to take like aim; and in our attempted excellence and skill rival the "Merrie hunter, Robin Hood," who ne'er missed mark. In our profession, if the style of the

skill is very different, it should be none the less *exact*; nothing less will satisfy the demands of conscience, which, for every error, causes the perpetrator to bemoan his failure as little less than the charlatanism or quackery which sports with human life.

Before closing I wish to call the thoughtful attention of the fraternity to another fact which, in my humble opinion, is of much moment. It is the impropriety of dosing patients with hydrate of chloral when the brain is engorged with blood. It first excites the brain before it stupefies the patient, and frequently, instead of calming the excited system, it produces active delirium by increasing the congestion of the brain. Hence be careful how you tamper with potent remedies; they must be given in the right place. The judicious practitioner is always cautious as well as bold; the ignorant frequently rash and egotistical, and his patients the sufferers, in consequence of his defect in sound knowledge.

When a cupping glass is applied to a limb it draws blood to fill the vacuum, and an "exhauster" around the whole body may produce a fainting fit, by depriving the brain of sufficient amount of blood. It requires no explanation to show why this apparatus would assist in relieving active congestion of the brain.

## HOSPITAL REPORTS.

### LONG ISLAND COLLEGE HOSPITAL. SESSION 1873.

Clinic of Prof. A. J. C. Skene M. D.—Diseases of Women.

REPORTED BY GEO. W. CUSHING.

Case of Pelvic Cellulitis, Complicated with Psoas Abscess.

*History*—This patient entered the hospital in April, and appeared before the class with the following history:—

Mrs. C., aged 36 years; married two years; menstruation always regular. She has had one child, born January 2d, 1873. Labor was terminated by the use of forceps, the child being safely delivered. Her health was good until shortly after her confinement, when she was taken with a chill, followed by fever and severe pelvic distress. She recovered slowly from the febrile symptoms, but the pain located in the left pelvic region remained, and seemed to increase in severity. She lost the use of the left limb and also the sensibility of the part to some extent. She has gradually failed in health, and was brought to the hospital for treatment.

*Present Symptoms*.—Her appearance indi-

cates an extremely anæmic condition; appetite poor; bowels constipated and micturition frequent and painful. Complaints of a feeling of weight and pressure in the pelvis, and any motion causes extreme suffering. Severe pain referred to the lumbar and sacral regions of the back.

*Examination.*—Digital examination was made with much difficulty, the patient being very nervous, and any manipulation of the pelvic organs caused considerable distress. Passing the finger up to the cervix, an indurated tumor was discovered in the region of the left broad ligament, about the size of an orange, the uterus itself being but slightly movable. External examination revealed underneath Poupart's ligament, on the left side, a small tumor, the contents of which appeared to be of a fluid character, a distinct feeling of fluctuation being perceptible, and a tumor was also observed in the left inguinal region and extending up nearly to the umbilicus. This appeared to be connected with the tumor in the pelvic cavity. A diagnosis was made at this time of pelvic cellulitis, and the patient was retained in the hospital to await future events.

*Progress of Case.*—Treatment was palliative, consisting of rest and such constitutional medication as the symptoms indicated. Soon after admission the tumor beneath Poupart's ligament opened spontaneously, and discharged a quantity of pus through a fistulous opening. A suspicion of psoas abscess was entertained, and pressure over the back revealed increased tenderness about the second lumbar vertebra. The fistulous opening was now examined with an elastic catheter, which was carried almost its whole length, through a sinus in the direction of the pelvic cavity. It was surmised that the tumor in the broad ligament had suppurated, and was discharging through the same opening as the psoas abscess. At this time it was believed the patient was affected with both pelvic cellulitis and caries of the vertebrae, causing psoas abscess. A vaginal examination revealed a marked diminution in the size of the pelvic tumor, but gave none of the signs of fluctuation or of its passage into the third stage of suppuration. The patient, though put on the best nutritious diet, with stimulants and tonics, slowly failed in strength. The opening beneath Poupart's ligament constantly discharged purulent matter. About the middle of June she began to cough and expectorate slightly purulent matter. This increased and became in time distinctly purulent and very offensive. It was now evident that the abscess had penetrated the thoracic cavity, and opened into a bronchial tube. An interesting point was that when the discharge was free from the opening at Poupart's ligament, the expectoration was less, and vice versa. Several times the sac of the abscess was washed out with carbolic acid and water, but each time severe paroxysms of coughing were caused, and the patient declared that she could taste the carbolic acid in the matter expectorated. The lower limbs be-

came greatly swollen from dropsical effusion. Abscesses formed over the parotid and submaxillary glands, and when opened discharged large quantities of purulent, very offensive matter. She finally died, from pyæmia and exhaustion, in the latter part of July.

*Post-mortem.*—The pelvic cavity presented evidence of inflammatory disease. The inflammatory products which had been effused into the cellular tissue of the broad ligament and formed the tumor felt through the vagina, had been almost absorbed. The uterus and left broad ligament were found bound to the left side of the pelvis by bands of lymph, showing that the inflammation had extended to the surrounding parts. The abdominal viscera presented nothing unusual, but pus was found within the sheath of the psoas muscle, and a sinus running down to the opening beneath Poupart's ligament. An examination of the vertebrae revealed a carious condition of the second and third lumbar vertebrae. The purulent matter had also burrowed upwards, along the bodies of the spinal column, penetrating the diaphragm and opening into a bronchial tube, thus accounting for the purulent matter expectorated. The lower lobe of the left lung was diseased and bound down to the diaphragm by adhesive inflammation. A long probe was carried from the point of perforation beneath Poupart's ligament, upwards, until it entered the lungs, showing a continuous tract from one to the other.

*Comments.*—This case presents a very complete history of two distinct affections, i.e., psoas abscess and pelvic cellulitis. While the two diseases are not uncommon, it is rare to find them coexisting in the same patient. The history of the course of these two diseases is well illustrated in this case. Parturition occurring in one whose constitution is below par, as in this case, is by far the most common cause of pelvic cellulitis, and disease of the vertebrae is the most frequent cause of psoas abscess. The opening of the abscess through the lung into the bronchial tubes is a rare complication of this disease.

*Pelvic Peritonitis.*—Discharge of Purulent Matter Through Rectum.

*History.*—Annie R., aged 28 years; married eight years and the mother of one child. Had one miscarriage four years ago. Menstruation began at the age of twelve years, and continued regularly until her miscarriage. From that time she suffered from menorrhagia, and the menstrual discharge was more free than usual for the three years following. A cessation of the catamenia then occurred, lasting six months, when it reappeared at irregular periods. After her miscarriage she complained of "burning heat" in the left pelvic region. Had constant and abundant leucorrhœa, bearing down pains and backache. Nervous symptoms gradually became developed, constant pain in head and over eyes; sleeplessness; mental depression and a



continuance of pelvic trouble. The pain in the left side was excessive, and confined her to bed a great part of her time. About three years from the beginning of her sickness, the patient states, an abscess in the pelvis broke and discharged its contents through the rectum. This discharge has continued more or less up to her entering the hospital.

*Present Symptoms.*—This patient was presented at the clinic with the above history. There was no decided change in her condition, and the pain and distress remained but slightly abated. Her digestion was entirely deranged, and the stomach was so weak and irritable, that it rejected much that was taken in the way of nutrition. She was unable to take opium in any form, which made it much more difficult to relieve her pain. During menstruating, and for a few days before, she felt much worse.

*Examination.*—Vaginal touch revealed a fluctuating mass within the cul-de-sac of Douglass, which communicated by a fistulous opening with the rectum. The parts were very sensitive, and the examination caused considerable distress. The abscess was doubtless lined with a pyogenic or pus producing membrane, which accounted for the constant purulent discharges.

*Progress of Case.*—At a later period, Prof. Skene attempted to relieve the trouble by an operation. He carried a bistoury through the posterior vaginal wall at its junction with the cervix uteri, into the sac of the abscess, and introduced a tent of sponge, thus hoping to convert the rectal fistula into a vaginal. No aggravations of the symptoms was induced. The sponge was removed in two days and with some difficulty. A profuse discharge of pus followed, into the vagina, which continued for four days, when it entirely ceased. Two days after it reappeared through the rectum, nothing passing by the vagina. It was found on vaginal examination that the artificial opening had closed. The patient's health being so far below the normal standard, and the great difficulty experienced in the function of digestion, she was advised to leave the hospital, in the hope that change of air and habit would be beneficial, when, if necessary, she could return if her condition required her to do so. She was seen several months afterwards and reported herself considerably improved. The inflammatory products were less abundant in the pelvic cavity, and the uterus appeared to be slightly movable. The discharge from the rectum had almost disappeared.

*Comments.*—This case is a good illustration of chronic pelvic peritonitis. This disease appears in all grades of severity, and is exceedingly variable in its duration. The products of the inflammation are usually protoplasm, which is thrown out on the free surface of the peritoneum, and forms so-called false membranes, but occasionally the accumulation of this material in the sac of Douglass takes on suppurative action, and we have abscess, as in this case. The opening which was made through the vagi-

nal wall would be a most dangerous operation under ordinary circumstances, but in this case the sac was walled in by the products of inflammation, so that there was no danger of opening into the peritoneal cavity. There were reasons for believing that this patient had syphilis, which accounted in part for the intractable nature of her trouble.

## COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

### Rupture of an Ovarian Cyst—Ovariectomy.

GENTLEMEN.—Before proceeding to the proper business of the clinic, I shall recite a case of considerable interest in the consideration of ovarian tumors. Some time ago a lady, aged 58, called on me with an abdominal tumor. She was markedly emaciated, and had ceased menstruating five or six years. Five or six months previous she noticed a commencing tumor, and at the time of examination it was as large as a pregnant uterus at the ninth month. I examined the case and told her that she had an ovarian tumor, and I would advise her to have it operated on immediately, or at all events before the winter was out, as the spring is a bad season to operate. I was a little surprised to find that four days ago she had taken me at my word. I then ordered her food containing a large amount of meat, so that she might be put in the best possible condition for operation. Yesterday morning I recollected that I had made only one examination, and that a hasty one in my office, and as the operation was to take place in the afternoon, I examined again, when wonderful to say, there was no tumor there, merely some fluid in the abdomen. I tried the small sized aspirator needle, then the three next larger sizes, but could draw nothing through them. However, I was confident, from my previous examination, that there had been an ovarian tumor, though there were no signs of any present at that time.

In the afternoon a consultation met, and it was deemed best to make an exploratory incision, which was done, when we found just what we expected, an empty sac with its contents in the abdomen. The consistency of this fluid was about that of calves foot jelly, and for this reason it could not pass through the needles. This fluid, with a great deal of trouble, was removed, but not wholly. The sac was removed and the abdomen closed, a drainage tube having been inserted for the purpose of washing out the abdomen, which will be begun to-day. This morning the patient is cheerful and happy. The main danger to be apprehended is from septicemia.

### Intra-mural Fibroid—Treatment.

M. F., *set.* 30, single. Has been sick for a year. She resembles closely a patient who has Thymic asthma, that is, a form of asthma occurring with enlargement of the

thymus gland. The aphonia is so great that it is impossible to hear her at any distance.

**Vaginal Examination.**—The uterus is as large as at the third month of pregnancy, as made out by conjoined manipulation. But on introduction of the sound it passes obliquely backwards, and enters one side of the tumor, the large mass being anterior to the sound. When pressure is made on the mass a mild epileptic attack occurs. The question for us to consider is, what is it. My opinion is that it is a mural or interstitial fibroid, and it is mural, from the fact that patient's menstruation has been imperfect. It is the cause of all the hysterical symptoms, aphonia, asthma and convulsions. The treatment should be to keep the patient on ergot for one or two years if necessary. The effect of the ergot may possibly be to cause the tumor to undergo calcareous degeneration, but if not, to convert it into either a sub-mucous or a sub-peritoneal fibroid.

#### Sub-serous Fibroid, Resembling Pelvic Cellulitis.

K. M., *æt.* 28, married. Has one child five years old. Has been but two weeks sick, and then not closely confined to bed; complaining of pain across hips and stomach. My attention was drawn to this case as one of pelvic cellulitis, but on making an examination I feel inclined to doubt their opinion, and for this reason. Posteriorly there is a tumor, apparently connected with the uterus, and when pressure is made on it the uterus and tumor go up together. Now I do not recollect of having met a case of cellulitis where there was not hardening and matting of the tissues around the uterus. My assistants tell me, however, there was such a case at this clinic about two years ago. It is true the recent history of the case looks very much as if there were some recent pelvic inflammation.

(Here Dr. Thomas interrogated the patient closely, and she said that for a length of time she has visited the Dispensary to be treated for disease of the womb, but never had heard what was the matter with it).

From the history we have just obtained, it appears there has been some uterine trouble for a length of time. My own opinion is that it is a sub-serous fibroid, and about two weeks ago there lit up an attack of pelvic peritonitis, which would account for her recent symptoms.

If we had a case of cellulitis we would have a painful tumor; but this is not painful at all when the uterus is carried directly up. However, when the finger is carried posteriorly to the cervix, we then have pain. Besides cellulitis it might possibly be an ovarian tumor prolapsed, or it might be a *hematocele*.

Duncan met with one case of movable cellulitis, but with the present evidence I do not think that this is a case. If it were a fibroid tumor it would account for the patient's sterility for the last five years.

**Treatment.**—What shall we do for her? First, and most important for the present is rest, and it is the very thing the patient will not attend to. If she would enter hospital it would give her the best chance; but in this country patients strongly object to making themselves objects of charity. In Europe it is quite the reverse. Injections of water should be used steadily, and lastly the bowels should be kept open. In general peritonitis this would be bad treatment, but in the pelvic form feces remaining in the lower part of the colon would increase the trouble. In a fortnight she will be better, and if she should return after some time to the clinic, we shall be able possibly to verify the diagnosis.

#### Dysparunia from a Prolapsed Ovary.

M. D., *æt.* 22, sterile, and during the last year has complained of severe pain on sexual intercourse. Dr. Barnes has coined a word for this state of affairs, and calls this variety of pain *dysparunia*.

**Vaginal Examination.**—We discover a conical cervix, a most common cause of sterility. It may happen that with a cervix just like this a woman will be sterile for fifteen years, and then, as if by accident, conceive. After one conception she may go on and bear several children. My assistant first examined the case, and on sweeping his finger around the pelvis, touched something that gave the patient excessive pain. He directed my attention to it, but I could not discover it, and when he examined it again the patient told him that he had not touched it. The fact was that in his first examination he had replaced a prolapsed ovary. It is an important thing in consultation to bear this in mind.

**Treatment.**—We can do but little for it. A pessary might be used to keep it, but beyond this, nothing. The cervix, however, could be slit up, and in this way the obstruction to pregnancy be got rid of.

## MEDICAL SOCIETIES.

### NEW YORK ACADEMY OF MEDICINE.—STATED MEETING, Nov. 7.

President, AUSTIN FLINT, M. D.

#### Intro-Rectal Abdominal Examination.

Dr. Leale read a very interesting paper on Simon's method of introducing the hand into the rectum, and in this manner examining the whole of the contents of the abdomen.

The method is as follows:—After having thoroughly coated the hand and forearm with oil or lard, introduce the hand, cone-shaped, within the sphincter muscle; there is here met the first obstruction, and after a pause it is carried up to the sigmoid flexure of the colon, where it meets with the second obstruction. Now the hand is turned, and with its concavity looking to the left, it is carried on; the sensation, as described by

Dr. Leale  
nine-ten  
imparted  
india-rub  
or forearm  
sixteen  
rheas, an  
ered in  
circumf  
portion  
in the c  
moved  
was able  
and the  
through  
above t  
tumor l  
in the b  
Dr. L  
another  
form.  
menorr  
linz int  
form.  
pletely  
given,  
of the s  
form, s  
Death  
sphinc  
pletely  
slowly  
rubbed  
irritati  
patient  
Dr.  
pleasu  
were es  
tion to  
the st  
other v  
is ther  
upward  
gers, i  
world  
drop i  
demon  
the ut  
tures  
be of  
the st  
there  
corde  
hours  
of thi  
cover  
and t  
a cor  
petit  
[A  
with  
tal.  
modi  
short  
occu  
autop  
ing t  
Dr  
expe

Dr. Leale, is that of one-tenth tearing and nine-tenths stretching, something like that imparted to the touch by the stretching of India-rubber. In the first case the hand or forearm was carried in to the distance of sixteen inches. This case had dismenorrhoea, and an interstitial fibroid was discovered in the substance of the uterus. The circumference of the forearm at its broadest portion was ten inches. When the hand is in the cavity of the abdomen it can be moved from side to side, and in this case was able to touch the stomach and liver, and the points of the fungus were easily felt through the abdominal wall, four inches above the umbilicus. Simon discovered a tumor in the uterus, and made out a calculus in the bladder.

Dr. Leale made quite a novel use of this in another case of impending death by chloroform. The patient was suffering from dismenorrhoea, and attempted suicide by taking internally about two ounces of chloroform. When seen the patient was completely anesthetized. An emetic of salt was given, but though it evacuated the contents of the stomach, there was no sign of chloroform, showing that it had been absorbed. Death was impending by asthenia. The sphincter muscles of the anus were completely relaxed. The hand was introduced slowly into the abdomen and carefully rubbed over the solar plexus. From this irritation the breathing improved and the patient recovered.

Dr. Howard said he listened with great pleasure to Dr. Leale's paper, but there were some points he would like to take exception to. In respect to stone in the bladder, the stone must be resting on the trigone, otherwise it cannot be reached; again, if it is there it can merely be touched and tilted upward. It cannot be gripped in the fingers, if it could be the easiest thing in the world would be to introduce a bistoury and drop it into the rectum. These facts he had demonstrated on the cadaver. In diseases of the uterus it may be very beneficial. In strictures of the sigmoid flexure also it might be of service, allowing the fingers to dilate the stricture. In the *Lancet*, of last year, there was a very interesting case of this recorded, in which death took place a few hours after dilatation. In nearly every case of this kind of stricture an ulceration is discovered immediately above the stricture, and the dilatation ruptured this and allowed a communication between the colon and peritoneum.

[A few weeks ago a case nearly identical with this occurred at the Woman's Hospital. The case was being dilated with a new modification of Barnes' dilator, when shortly after peritonitis developed and death occurred within thirty-six hours. At the autopsy the ulceration was discovered, showing how by its rupture death had resulted.]

#### Cholesteræmia.

Dr. Austin Flint, Jr., related some of the experiments which he performed in 1862,

and which were coldly received in this country, though in Germany and France they have been the subjects of marked attention. They have also lately been confirmed. He said that at the present time he had nothing new of his own to bring forward. He proposed, however, the use of a new word, *Cholesteræmia*, for a class of symptoms which so far have been only vaguely noticed.

Jaundice is of two varieties, one mild and the other grave. He was of the opinion that cholesterin was the peccant principle in the latter. In respect to his experiments on the bile, and as to whether it was a secretion or an excretion, he would first define the terms. A secretion was a substance not preformed in the blood, but formed by the epithelium from elements of the blood, whereas an excretion was a substance separated from the blood in which it was preformed. The bile partook of both of these characteristics, part of its constituents being a secretion and part an excretion.

In respect to the function of the bile his experiments convinced him that where there was a complete biliary fistula, and no bile entered the intestines, death took place in from thirty-five to forty days, with a voracious appetite, but all the signs of starvation. In opposition to this was the experiment of Blondell, where a dog with a biliary fistula lived four or five years, and at the post-mortem showed that there was no communication between the gall bladder and the intestines, though it was carefully looked for. He would qualify this, however, by relating an experiment of his own which was of considerable significance. He had operated on a dog for a biliary fistula, by cutting down on the bile duct and inserting a silver canula. He then attached a bladder to collect the bile furnished in twenty-four hours. He was unable to remove this himself, and went out for an assistant, but in the meantime the dog had torn it off with his teeth, bringing the canula with it. After this the dog was let alone and showed but little harm from his treatment. There followed no sign of starvation, nor anything to show that any of the functions were interfered with. Some time after the dog was killed, and at the examination no communication was detected between the gall bladder and the intestines. But Dr. Flint was fully convinced that such a channel did exist, and after two hours' patient investigation discovered a very tortuous communication with the intestines. He was of the opinion that if Blondell's case had been carefully and thoroughly examined some channel also would have been found, which conducted bile from the liver to the intestines.

In respect to cholesterin, an analysis of blood in the carotid artery and jugular vein shows an increase of it, the latter thus proving that it is formed, in all probability, in the nervous tissue of the brain. Again it is found that from an analysis of the blood going to and coming from the liver, a decrease is discovered corresponding to the



increase derived from the brain. In three cases of hemiplegia in which an examination was made it was found that on the side unaffected by lesion the normal amount of cholesterin was discovered in the veins, whilst upon the diseased side no cholesterin at all was discovered, thus showing in a remarkable manner the relation existing between cerebral action and the production of cholesterin. Cholesterin, as was said before, is excreted by bile, but strange to say we do not find it in the feces. However, there is another substance which is discovered, and which has no existence in the bile, and this Dr. Flint proposed to call *Stercorine*. The inference is that cholesterin in its passage through the intestines is in some way acted on so that stercorine is produced.

Dr. Flint's views in brief were that cholesterin was produced by the nervous tissues, carried by the blood to the liver, there separated and carried out in the bile. The amount of cholesterin discharged daily was ten grains.

*Cholesteræmia*, the new word which Dr. Flint proposed, signified the retention of cholesterin in the blood, which gave rise to rather indefinite nervous symptoms, and the disease was in this manner analogous to uræmia. After the reading of the paper and some remarks by Dr. Fordyce Barker, it was considered of such importance that a special meeting of the academy was set apart for its full discussion.

#### AMERICAN PUBLIC HEALTH ASSOCIATION.

This Association met at New York, November 18th.

Mr. Stephen Smith, M. D., the President, delivered the opening address of welcome, and read an interesting paper showing the beneficial effects of the study of hygiene.

Mr. James W. Beekman contrasted, in an able paper, the hospitals of Europe with those of this country.

Dr. Billings, Assistant Surgeon of the United States Army, read a paper on libraries and their influence on public health.

Dr. Nathan Allen, of Lowell, Massachusetts, gave his views on the "Perfection of Structure and Function in the Human Body as a Leading Element of Hygiene." One of the great requisites of long life was to come from a healthy, long-lived stock. The temperaments must be well blended, and there must be harmony and balance between all the organs. A moderate climate was decidedly favorable to longevity, and so were a cheerful disposition and a well trained mind. The greatest longevity was found among the most civilized nations. Harmonious action of the body and mind, this was the first principle of longevity. Dr. Allen alluded to the treatise of an eminent author, who claimed that 100 years was the proper age which every man ought to attain, and if dead before this age it was owing to his excesses, his follies and similar causes.

Dr. Edward Jarvis, of Dorchester, Massachusetts, submitted a long report upon the "Power of the Housekeeper over, and Responsibility for the Health of the Family." The law of the stomach was the law of the man. As was his nourishment so was his power, and not only the power of his body, but also that of his mind. The stomach was generally sound and did its work without any difficulty, but if the food was ill prepared, it could not easily be digested. If people were troubled with headaches, and felt disinclined to attend to business; if they were nervous and their energies seemed to be overborne, it was often owing to the heavy tax which they had laid upon their digestive organs, they or their housekeepers who prepared the food for them. A man's dinners made him buoyant or depressed, and the science of a kitchen was in a great measure the science of life. It had such a power for checking men's energies, that it was certainly worth studying with the greatest attention. It would be a great blessing if some sound book were written, not about elaborate dishes, but about thoroughly healthful cookery. To their housekeeper they owed, to a great extent, their pleasures and sorrows. Woman was not a cook by nature any more than man was a shoemaker or a lawyer by nature, and to be a good cook, it was necessary to study the art of cooking. After the reading of this paper many of the spectators left the hall.

Dr. James E. Reeves, of Wheeling, West Virginia, read a paper upon the "Physical and Moral Causes of Bad Health in American Woman."

The subject of "Cholera in the United States in 1873," was discussed, with the aid of maps. Various members presented local reports upon cholera, as it has prevailed in the Mississippi Valley during the present year. Some of the figures will be interesting. There were 232 deaths from cholera in New Orleans; 16 in Concordia parish; 12 in Delta, Madison parish; 50 in Lafonville parish; 60 in Monroe; 23 in Jackson; Miss; 13 in Vicksburg; 120 in Birmingham, Alabama; 55 in Huntsville; 15 in Little Rock, Arkansas; 12 near Little Rock; 1827 in Tennessee, 633 in Kentucky, 242 in Illinois, 194 in Indiana, 253 in Ohio, 9 in West Virginia, 5 in Pennsylvania, 289 in Missouri, 118 in Iowa, and 4 in Dakota Territory. Dr. White, President of the Louisiana Board of Health, gave a lengthy account of twenty-five different cases of cholera which occurred in New Orleans, and explained them from a scientific point of view. He also read statements of the examining physicians in New Orleans. There was a general coincidence of the lack of rain with cholera. Dr. Eli McClellan, of the United States Army; Dr. William Clendennin, Dr. J. H. Rauch, Dr. E. Norris, Dr. A. B. Judson, Dr. John C. Peters, and Dr. J. N. Van Deman, and others presented also their views in regard to the causes of cholera.

Dr. Jacob J. Storer, of Boston, read a



paper on the utilization and disposal of refuse animal matter in large cities. Dr. Storer says that he knows from experience a simple and effectual remedy for this nuisance. The plan proposes to do that in a few hours, which, by the present offensive methods, requires weeks. A common house furnace is built in a brick chamber, the covering of the chamber being made of iron gratings or perforated plates. Over this is built a strong wooden bin, with a roof in which is an opening, say two feet in diameter. A fan blower is placed near the top of the bin, having both a suction and force pipe. The bin is filled with the animal remains, a fire made in the furnace, the suction pipe attached to the opening at the top of the bin, and the fan put in motion. The heated air is drawn up through the contents of the bin, and, with its burden of moisture and offensive gases, is ejected through the force pipe into the fire. Health boards have hesitated to require the adoption of new systems, on account of the expenses resulting from any change, but the first cost of such apparatus as above described would probably be more than made up by the economy of time in the manipulation of the animal refuse of large cities.

#### THE EPIDEMIOLOGICAL SOCIETY OF MARYLAND.

A meeting of this Society was held in Baltimore, November 11th, with the President, Professor Harvey L. Byrd, in the chair, and Dr. J. E. P. Boulden, Secretary. Drs. Pasquid Quinan, Robt. Harris, C. C. Richardson, P. B. Porter and J. W. Burton were elected members of the Society.

Dr. John Morris read an able and interesting paper on scarlatina, first expressing regret that the nature of the contagion has baffled all analysis, and that all measures taken to prevent its propagation or spread prove utterly fruitless. He then spoke of the scarcity of practical knowledge as to the nature and proper treatment of the disease. When first observed, only a few centuries ago, it was a very mild disease, and even in the eighteenth century it was not considered a serious affection. The etiology of the disease has heretofore been little understood, but the generally accepted opinion of the profession now is that it originates in a specific poison, generated in the same manner as the poison of typhus, ague, enteric fever, etc. Dr. Carpenter, of London, contends that the poison of scarlatina is generated by the decomposition of the blood of vertebrate animals, and that slaughter-houses in cities are the sources of the infection. The means of propagation are numerous, and the milk pail, laundry, schools, shawls and other woolen clothing, cess-pools, etc., have been unmistakably proven as means of its dissemination. The proper treatment of the disease was then considered by Dr. Morris, and he contended that there is no scarlet fever without a throat complication, and that there is none

without an eruption. He recognized two forms of scarlatina, and treated of them. A great deal of harm has been wrought, and many lives lost, by the recognition of a modified form of scarlet fever, commonly called the "scarlet rash." There is no such disease, all the old women of the country to the contrary notwithstanding, and the learned physician deprecated the disposition of parents to consider so-called "scarlet rash" as a harmless form of the disease. The pathological changes were then mentioned and reviewed. The remedies for the disease were also dwelt upon, and Dr. Morris stated that he had no faith in prophylactics in scarlet fever, and believed that they should be at once banished from medical literature. Though little can be specially done in the way of cure in scarlet fever, much can be done to prevent its propagation, and in this respect the civilization of the world is far in the background. In conclusion, Dr. Morris urged the importance of more attention being given to the discovery of an agent to modify the poison of scarlet fever, and his remarks were applauded. Dr. Morris was requested, by a unanimous vote of the Society, to give his paper for publication.

The paper was discussed by Drs. Ogle, Caldwell, and Cadden.

The President, as chairman of the committee on yellow fever sufferers, reported the collection of about \$70 directly by the committee, and Dr. Morris stated that several hundred dollars had been collected as the result of a conference with Mayor Vansant.

Dr. Boulden offered a resolution proposing that steps be taken looking to the establishment of a pest house, and that Legislative aid be asked. Drs. Boulden, Ogle, and Caldwell were appointed to urge the matter at the next Legislature. The Society then adjourned.

#### Hope for the Bald.

A writer to an English exchange gives the following case, which will be read with interest by that large class of gentlemen whose hair is thin, but not from years:—

A gentleman, who had lost nearly all his hair after a very severe attack of fever, consulted a French physician of great reputed success as a hair restorer. The prescription was a drachm of the homoeopathic tincture of phosphorus to one ounce of castor oil; the bare spot to be rubbed with this mixture three times weekly for half an hour each time, after the skin of the head had been thoroughly cleansed with warm water without soap. This treatment was faithfully carried out for about six months; the hair soon began to grow, and in a year from the time of first following the doctor's advice, his head was as thoroughly covered as ever, the new crop of hair being about two shades darker than the old.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Recent Therapeutics.

Professor Prosser James, M. D., in a lecture reported in the *Medical Press and Circular*, has the following summary:—

No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been measured by the thermometer. By cold baths it is to be understood that the water is to be a little cooler than the body of the patient, not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has, after all, a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the Profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses a considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medical use of alcohol, we have seen it go through a complete cycle of change, a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvano-cautery is in many cases taking the place of the knife or of the hot iron. The silent, painless continuous current is made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions, nay, disperse solids by the galvanic

current. No greater triumph of treatment can be mentioned than that involved in the removal of tumors by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in cases of bronchocele, of large size, that had resisted all other treatment, and I am glad to be able to state that it was very successful.

#### How to Administer Carbolic Acid Vapor.

The Manchester Medical Society lately listened to a paper on this subject, by Mr. Lund. He described three methods of using the vapor of carbolic acid, by atmospheric diffusion. By moistening a piece of sponge with a mixture of one part by measure of strong liquid ammonia, two parts of carbolic acid and crystals melted, and three parts of pure alcohol, placed in a wide-mouth bottle, as a common scent bottle, it has been found to be of great service to inhale the vapor from this in cases of severe coryza and chronic ozena. Mr. Lund also exhibited an apparatus invented by Professor Calvert, for diffusing the vapor of carbolic acid in sick rooms, etc. To prevent the possibility of the vapor of the acid being ignited by contact with flame, the heat is conveyed to it by a red-hot block of iron placed beneath a metal tray which holds the acid. The third illustration was a means of preserving recent anatomical and pathological specimens, by placing them in porcelain trays in a zinc box of one foot cubic capacity, lined on all sides with soft wood steeped in olive oil and one-fourth part of the pure acid. The lid of the box is made to fit air-tight, or nearly so, and at common temperature the interior is filled by an antiseptic atmosphere in which such specimens can be kept for a long time without putrefactive change. They are apt to undergo some alteration in form and appearance if they contain much fat, for this tissue slowly undergoes a kind of cell degeneration by *post mortem* liquefaction and exudation of oily fluid. With this exception, the physical conditions remain unchanged. The oiled wood lining of the box can be easily recharged with acid by rubbing over it some of the melted acid crystals, free from water.

#### The Relief of Constipation in Acute Diseases.

Some judicious hints by Prof. SKODA on this point are translated in the *London Medical Times and Gazette*:—In individuals in whom the evacuation of feces is very difficult, this is rendered much easier by the employment of articles of diet which favor the generation of these gases. To this end, the use of brown bread is especially to be recommended. Leguminous vegetables do

this to a still greater extent, but their employment is not suitable for all persons, as in many they give rise to a troublesome amount of flatulence. But in order to render the evacuation of feces easy, not only is it necessary that gases should be present in the canal, but liquids also. We should therefore endeavor to supply these by ordering such as will not be completely absorbed in the canal. Ordinary soup is not suited for this purpose, as it is too rapidly absorbed. Acid substances should be preferred, for most acids cannot be at once absorbed in the canal, because they require first to become combined with alkalies, a process that requires some time for its accomplishment. Meanwhile, they produce an irritating effect upon the canal, and contribute essentially to its easier evacuation. When constipation has lasted for weeks, and is dependent upon diseased conditions, such means are of no avail. The peristaltic movements are entirely arrested, and for such a state of things different measures must be adopted. While increasing the quantity of gases and liquids in the canal, we must attempt to reproduce the peristaltic movements, the cessation of which is sometimes dependent on the spinal cord. Quinine should be given, while friction of the abdominal parietes with aromatic oils, and the use of electricity should be resorted to. In many such cases, faradization of the abdominal parietes has proved of marked utility. In obstinate cases, hydropathic treatment may be of service, as also may warm baths; and Oppolzer used to apply cold applications to the abdomen with frequent success.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Russia is bound to know nothing unless orthodoxy. The publications of Dr. STANSKI on the "Spontaneity of Matter" have been prohibited in that empire, on account of their materialistic tendencies.

### BOOK NOTICES.

The Transactions of the American Medical Association. Vol. xxiv. Philadelphia, 1873. pp. 446.

In glancing over this volume, the most prominent difference between it and its predecessors is the jejuneity of original articles it manifests. The absence of these is made up (in space) by lengthy reports, often superfluously minute and literal, of the discussions in the various sections. Out of the 490 pages in the volume, just *twenty-four* are taken up with essays on medical science;

there is a report from just one State on Climatology and epidemics; and we cannot but admire the ability and talent manifested by the Committee of Publication in compounding from such limited materials so big a book.

The original articles are one by Dr. THOMAS M. DRYSDALE on the granular cell found in ovarian fluid; the education of the medical senses, by Dr. EDWARD SEGUIN; a description of an apparatus for bunion, by Dr. C. H. LOTHROP; and some remarks on Spontaneous Generation, by Dr. J. B. HOUGH.

Dr. J. M. TONER gives from official sources a number of statistics on Medical Associations and Hospitals in this country. The report on the Climatology and Epidemics of Pennsylvania is by Dr. W. L. WELLS, and is prepared with pains, but might advantageously have been condensed, if it had been any object. On the whole, we fear subscribers will consider the volume a dear one at the price.

Essays on Diseases of Children. By William Henry Day, M. D., M.R.C.P., etc. London, J. & A. Churchill, 1873. Cloth, 12mo, pp. 191.

This little volume, made up partly of unpublished, partly of heretofore published materials, treats in a brief and practical manner of a limited number of diseases of children. These are simple debility, remittent fever, headaches and obscure cerebral disease, laryngeal and tracheal irritation and croup. The author's position as physician to the Samaritan Free Hospital for Women and Children, has enabled him to apply his views in a large sphere of experience. The first chapter, containing introductory remarks on children's diseases, is replete with valuable suggestions. The chapters on headache are carefully worked up. He classifies them from their causes, as cerebral, gastric, epileptic, febrile, nervous and organic. These distinctions suggest appropriate treatment and have practical value.

In croup the author emphasizes the importance of the vapor bath, asserting that by this means "all cases, no matter at what stage, are invariably relieved," certainly no half-way endorsement of this therapeutical measure. He follows up the bath with tartar emetic and calomel; but not in the latter stages of the disease, when exhaustion has set in.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 6, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE ASSOCIATION OF GERMAN NATURALISTS AND PHYSICIANS.

This body held its forty-sixth annual reunion at Wiesbaden, toward the close of September. Its proceedings are always most interesting to the scientific world, as they touch on all branches of physical science, and touch on none that they do not enlighten. The founder of the Association was the eminent and erratic genius, OKEN, whose discoveries and speculations have not yet been exhausted by his successors. Friendly intercourse and scientific advancement were stated by him to be the objects of the annual meeting.

This year the assembly was opened by the venerable FRESSENIUS, who, in his opening address, recalled the fact that twenty-one years before, at the same hour and in the same place, he had opened the meeting in 1852.

Of the papers read in the general meeting, one by Professor OSCAR SCHMIDT, of Strassburg, and one by Professor RUDOLPH VIRCHOW, attracted most attention. The former was on the theory of development applied to the human race. The speaker

applied the Darwinian theories in their fullest extent to man. He denied the universality of the religious sentiment, and the discrimination of moral good and evil. Passing to language, he attacked Professor Max Müller, who believes the possession of linguistic radicals by man places an impassable barrier between him and brutes. The speaker claimed that the investigations of SCHLEICHER go far toward disproving this assertion, and that the origin of language can only be comprehended by the assumption of the development theory. Loud applause followed his address.

The paper of Professor VIRCHOW may be said to have been almost a continuation of this subject. VIRCHOW'S dislike of religious bigotry passes into a form of intolerance itself, and the learned scientist never neglects a chance to hurl his javelin at "the Church." So now his subject was "Natural Science as the Moral Educator of the Race."

He commenced by saying that his previous attacks on religion had raised "a great deal of bad blood," which convinced him that the subject needed discussion. The moral culture of man had, heretofore, in Europe, been left to the Church. The latter, however, only brought about a sort of outward decorum, an external obedience to the ten commandments and the laws, not a warm inner love of morality and truth, not a free moral autonomy in the mind itself. This was her great fault, and so obvious a one that nowadays even States, for their own protection, are taking the moral training of their youth from the clergy to place it in more efficient hands. Discussing the Conscience, he sketched with luminous and striking phrases its development from the lower self-seeking elements of nature. The diabolical part of man's nature is the necessity he is under of living by the destruction of other organic beings, by robbery, in the first intention. War is a necessary consequence of the intrinsic evil of man's nature, and will not disappear until the inner and



not the outer moral law has general acceptance.

The speaker then referred to religious illusions and delusions, to the late pilgrimages in France, and to the assumption which lies at the bottom of all religions, that man is the purpose of the universe, its highest organic creature. This narrow notion is reflected in national pride as well as national religions, especially in the English, as the Professor related from personal experience.

Finally, Faith, claimed exclusively by the churchmen (*die Kirchler*), is really the prerogative of the scientist: "We have faith, I say *faith*, that man is to progress to truth and light. For us, too, the contemplation of Truth is the highest happiness. I appeal to every naturalist before me, is he not happier when he is learning?"

"This learning, this progress toward truth, is our sweetest reward. We have faith in this continuous approach toward the recognition of truth, and we have a sign by which we can ever discern the student of nature, and that is, that he never tires in his unceasing search for the true, and that he at all times honors the *homo sapiens* above the *homo credulus*."

The tone and topics of these speakers (whose addresses we have translated freely from the *Allgemeine Medicinische Central-Zeitung*, for October) illustrate one prominent school of German thought, and that which just now prevails among her physicians and naturalists. The eagerness with which the most ultra views are accepted, almost without question, if they only suit this taste, is also manifest, and is not a good sign. To discard the religious sentiment as an educator of the race is a psychological blunder, regarded merely as a question of policy, and to seek to substitute in its place a scheme of morals, when any absolute standard of morals is straightly denied, is a logical contradiction which cannot be pardoned even in so eminent a man as VIRCHOW.

#### ON IRRESISTIBLE IMPULSE.

In his recently published work on *Insanity in its Relation to Crime*, Professor WILLIAM A. HAMMOND uses these words: "As regards 'irresistible impulse,' it is doubtful if it ever exists, even with the insane. That they have impulses which are almost irresistible is unquestionable," (p. 71).

How different this language is from this same gentleman's testimony when called *as an expert for the defence* on the celebrated murder trial of MacFarland, has been already set forth in a Western medical periodical. How far it is from the truth, the perhaps universal testimony of alienists must show. Griesinger's words, as quoted by Dr. Hammond, by no means justify the expression above quoted.

Some cases strongly illustrative of the opposite side have been reported by Professor A. VERGA in a lecture which is translated in part in the *Vierteljahrsschrift für gerichtliche medicin*. His subject is *monomania blasphemica*, and he cites four cases where the principal and almost the only sign of alienation was an uncontrollable desire to use profane language, to curse and utter scandalous expressions about the saints and religious objects. All these persons were naturally of religious temperaments, one of them a priest, another a lady, a third an elderly gentleman who had a son a priest. In some of the cases this tendency progressed to positive insanity and death; in others it was cured by appropriate treatment.

In view of this peculiar symptom of mental disease, the lecturer reflected on the impropriety of the law passed in Germany in 1870, that any one convicted of blaspheming God in public, or insulting religious observances, should be punished by imprisonment not less than six months nor longer than one year.

The Professor closes his discussion by asking: "Can those individuals be believed who say they are impelled to use such ex-

pressions by a power they cannot resist? What reason have these unfortunates to tell an untruth about it? Why would they seek the aid of others, if they could control an impulse contrary to their nature and detestable to their own minds? Can physicians mean to defend the criminal classes by this doctrine of irresistible impulse? Are not the enemies of society just as much the enemies of the medical practitioners in society?"

These considerations, and many others that might be added, should lead us to exercise great caution in assuming that the actions of the insane can always be controlled by themselves. While Professor HAMMOND is undoubtedly right in demanding that criminals alleged insane should be held strictly liable, he unquestionably throws his opinion into too positive a form in the sentence we have quoted from his work.

### NOTES AND COMMENTS.

#### Repeated Attacks of Scarletina and Measles.

According to Dr. TROJANOWSKY, of Livland, six per cent. of those who survive an attack of scarlet fever have a second attack, and of measles seven per cent. When the first attack has been mild the second is usually severe, and *vice versa*. Several writers in the *Lancet* lately have given instances where a third attack of measles had occurred in their experience. We remember to have had personal knowledge of only one instance of a third attack of scarlatina.

#### Primitive Marriage.

Sir JOHN LUBBOCK and others have maintained, on very inadequate grounds, that the primitive tribes of man had communal marriages. Lately Mr. C. S. WAKE, in a paper before the London Anthropological Society, showed that there is no direct evidence of the former existence of a general condition of promiscuous intercourse between the sexes, and that the indirect evidence arising from the practice of polyandry and exogamy, and the use of the classificatory system of relationship is insufficient to establish such a custom, the existence of which is inconsis-

ent with the habit among primitive peoples of tracing descent from a common ancestor.

#### Dr. J. Hauke's Apparatus for Artificial Respiration.

This apparatus assists the mechanism of respiration; artificially promotes the completion of inspiration by the introduction of compressed air, and facilitates expiration by the introduction of rarefied air.

Besides, it can conveniently be employed as an inhaling apparatus, as the air which is to be inhaled can be medicated, and thus the inhalation facilitated by the mechanical effect of the apparatus.

The apparatus consists of a cylindrical tin



vessel (A), which is divided into two equal chambers, communicating from below; one of these chambers (the real air chamber B) is slightly higher, closed from above, upon which is attached a bellows (or air pump D); on each side of this bellows is a tube (b larger one), leading to the mask (e); the other (smaller one, c), connects with the bellows. When the vessel is filled with water, according to direction, air can either be compressed or rarefied at will. The mask, which is made of brass, in shape of a flat half shell, fits closely around the mouth and nose, and permits the patient to breathe from the apparatus or the atmosphere by means of an opening, at will. The most frequent application, thus far, of the apparatus, has been found in asthma, emphysema, and as a prophylactic in phthisis pulmonalis. —From a pamphlet by Dr. J. Hauke, entitled "*Ein Apparat für Künstliche Respiration und dessen Anwendung zu Heilzwecken*. Wien, 1873."

**Fuchsin as an Antiseptic.**

This anilin preparation is said by LAUJOIS, in the *Comptes Rendus*, to be a remarkably powerful antiseptic. One per cent. added to a solution of gelatine, not only preserved it, but a piece of fresh meat wrapped in paper soaked in this medicated gelatine solution kept for months without a sign of putrefaction. One forty thousandth part ( $\frac{1}{40,000}$ ) added to urine, prevents it perfectly from decomposing. Such experiments merit careful repetition.

**The Stethograph.**

This instrument has been devised by Dr. F. RIEGEL for the graphic representation of the thoracic movements in respiration. The curves are marked by one end of a lever on a moving plate, the other end of the lever being in contact with the thoracic walls and moved by their motions. By the use of several such levers, the different motions of different parts of the walls can be represented at the same instant.

**Child-bed Amaurosis.**

That the sudden amaurotic blindness which occasionally attacks women in child-bed is a prodroma of eclampsia has long been taught, but is now questioned by Dr. F. WEBER, of Berlin. He quotes four cases, in only one of which convulsions supervened. As, however, he recommends the treatment of the amaurosis by large doses of bromide of potassium, this treatment, certainly a good one, may have been prophylactic of the eclampsia.

**Chloral in Asthma.**

Some cases of the value of this remedy in spasmodic asthma have recently been adduced by Dr. THEO. WILLIAMS, of London:

The first was that of a married woman, aged 23, who came from the Isle of Man, where, during the last nine months, she had suffered from asthma of so severe a character as to confine her to her bedroom for four months. Various remedies had been tried in vain. On her arrival in town, Dr. WILLIAMS did not at first pursue active treatment, hoping that the change of climate might give relief. The fit, however, coming on as usual, chloral was given in twenty-grain doses. After the first dose, she fell asleep for an hour; after the second, she slept a whole night; and a few more rendered her breathing quite clear. The drug

was then omitted, and the patient remained free from asthma for more than a week. The second case was that of a lad, aged 16, who had been subject for six years to attacks occurring once a week and lasting three days. Chloral was given during a severe paroxysm, with the result of causing sleep and immediate relief to the breathing. He remained in the Brompton Hospital free from attacks, in spite of several threatenings of dyspnoea, which were always averted by the timely administration of chloral.

**New Health Resorts.**

Africa is coming into the lists with health resorts. Tangier and Magora, in Morocco, have been highly lauded in late English journals, and, at the other extremity of the continent, the Transvaal Republic. Of the latter, a medical resident writes:—

Numerous cases of phthisis, even after formation of vomicae, have come to my knowledge, in which patients have derived almost marvelous benefit from residence in that part of South Africa, and its suitability for sufferers from this class of disease has been recognized by Dr. WALSH in his well-known work on Diseases of the Lungs (1871), p. 637; and by Dr. SYMES THOMPSON at the meeting of the Royal Medical and Chirurgical Society, April 8th, 1873. It may, therefore, interest many of your readers to know that an attempt is being made to establish an Invalid and Convalescent Home at Bloemfontein, the capital of the Orange Free State.

**Number of Physicians to Population.**

Prussia has one physician for every 3200 inhabitants, Austria one in every 4355, Hungary one in 5492, while Russia has but one for 14,166 people. In the United States, according to the census of 1870, there is one "doctor" to about every 600 of population! Enough, one would think, to justify their being placed under some uniform national regulation.

**Prodromic Stage of Chorea.**

In a paper published by Dr. SCHMIDT, in *Memorabilien* (3 Hft, 1873), the author insists on the painful point felt somewhere along the spine, and which was always manifest in the numerous cases he has had under his care. The pain always preceded or accompanied the peculiar instantaneous movements of the body or extremities which

characterize the disease. Dr. SCHMIDT points out the value of this symptom as supporting the views of those who believe that chorea is a manifestation of alterations in the nervous centres, and especially of irritation of the spinal cord.

## CORRESPONDENCE.

### Yellow Fever.

EDS. MED. AND SURG. REPORTER:—

In an article on yellow fever, published in your journal a short time since, I advanced some opinions and made some statements, the result of observations and experience in that disease. I now offer some facts and figures of recent date in support of those views and position there taken.

(From the news column of the New Orleans Christian Advocate, Oct. 23, 1873.)

"YELLOW FEVER.—Shreveport, Oct. 18.—Total interments for the week ending to-night were fifty-nine, against seventy-two for the week previous; of these twenty-one were blacks, against twenty-three for the previous week.

"Oct. 21.—Another frost this morning. Very little change in the city proper, comparatively, except a few new cases are reported in the vicinity.

"Memphis, Oct. 21.—The reports to noon to-day are not favorable. There were twenty-four deaths from yellow fever and six from other causes. It is impossible to get anything reliable about the disease. New cases are occurring in isolated districts, and frosts seem to have little effect in checking the disease."

The italics in the above are mine.

The above reports, substantiated by good authority, and corresponding exactly with those of the last month from all yellow fever localities, ought to explode at once and forever the yellow fever fallacies, that "*frosts kill the disease*," and "*black persons are not susceptible to its poison and will not have it*." But here we have the proof, freshly presented to our view, of frosts occurring frequently for a month, and yet the disease rages, and *black people sickening and dying* all the time, as regularly as the whites. Not only the above facts, but the disease has within a few days commenced its ravages in towns in Texas, absolutely since the frosts. According to its epidemiological limit, it is time for its abatement in Shreveport and Memphis.

If frost had been necessary to arrest an epidemic of this kind, Cuba, all the West India Islands, and a large proportion of Tropical America would long since have been thoroughly depopulated.

The above fallacies and errors have been so long and often repeated, that the great public believe in them, and a large proportion of medical men accept them as facts, without a thought, reflection, or the least investigation. The above errors have become

thoroughly popularized, and it is as hard to divest the mind of them, as the popular absurdity that in a drouth "we shall have rain when the moon changes." Health is sure to return to afflicted communities where they have frosts, and where they have none; and rain will come without reference to the action of the moon.

This disease will run its regular epidemic period. People will have it, "without regard to race, color or previous condition," and even grim-visaged Jack Frost cannot kill or scare it.

MADISON MARSH, M. D.

Port Hudson, La.

### Epidemic Dysentery.

EDS. MED. AND SURG. REPORTER:—

The months of August and September of this autumn will long be remembered by the people of this part of Ohio, for the general prevalence of the "Bloody Flux." There is scarcely a family for as much as from fifteen to twenty miles round our place that have not suffered more or less in some form or other from the affection. During the two months I visited and prescribed for not less than eighty cases; this number added to those attended by the other physicians of our town will swell the number to near two hundred and fifty cases occurring in this neighborhood alone within the sixty days. The symptoms were fully uniform, pain, want of appetite, fever, hot skin, tenesmus, bloody evacuations and thirst. As seen in one case being pretty conspicuously characteristic of the number entire.

As to the cause, there were many reasons given, each particular locality assigning different causes. At Lynchburg, twelve miles east of our place, some thought it to be due to the presences of a large distillery in operation there. Others again claimed it to be owing to some "Texas cattle," which are being "stall-fed" there. As for myself I would say that to my own mind the cause was not very apparent. Perhaps it is worthy of note to state that the days and nights were now and again remarkably cool for the time of year. Taking the disease as seen here as a type, the prognosis would be very favorable, as the fatalities did not exceed more than eight per centum of those attacked, while in other localities the death-rate was over twenty-five per centum.

Treatment.—The remedies relied on by us were castor oil sufficiently often to keep the bowels free, and opium or some of its preparations combined with tannin and bismuth were used to the exclusion of almost any other remedy. Those cases troubled with vomiting were very soon and effectually relieved by the application of mustard to the stomach and the administration of small and repeated doses of pepsin and bismuth. The foregoing medication, coupled with perfect rest, abstinence from liquids, a light but nourishing diet, formed the routine of treatment, from which satisfactory results were obtained.

Fayetteville, Ohio. J. M. HALL, M. D.



### A Child-Mother—Extraordinary Case of Precocity.

EDS. MED. AND SURG. REPORTER:—

I was recently informed that a copper-colored negro girl, not twelve years old, of this (Grimes) county, gave birth, in the first week of last August, to a fully developed female child. There was some difficulty and delay in the parturition, but there was no mechanical assistance rendered. The mother and child have done well up to this time; lactation natural.

The mother and grandfather of the girl say she was about eleven and half years old when the child was born, and their testimony is corroborated by white persons who have known them several years. She has two older sisters, the eldest of whom would be considered young to have a child. The child was not weighed at birth, but the accoucheur says it was about seven and a half or eight pounds.

I can furnish further particulars, but think this is enough. I have never known or heard of such a young mother in this latitude.

Respectfully, A. R. KILPATRICK, M. D.  
Navasota, Grimes Co., Texas, Nov. 9th, 1873.

### An Aged Pioneer Gone.

EDS. MED. AND SURG. REPORTER:—

Died, on the 29th of October just past, Margaret Kepple, relict of Jonathan Hiles. Deceased was born on the eleventh day of the April preceding the Declaration of Independence, and was consequently ninety-seven years, six months and eighteen days old.

The writer's father and Jonathan Hiles settled in Westmoreland, now Armstrong county, Pa., in the year 1801, where they and their families lived neighbors, for nearly the entire space of the nineteenth century. Mrs. Hiles was the last of the early settlers of these parts, and the oldest person in the neighborhood. A. D. BINKERD, M. D.

Parker's Landing, Pa.

## NEWS AND MISCELLANY.

### The Cholera.

Up to the close of October the cholera continued without much abatement in France, Holland, and Germany. The medical officer of the hospital at Havre says: It is estimated that there have been at most five hundred victims to this epidemic. The cases have been particularly remarkable for the rapidity of the symptoms and the short duration of the disease. I have seen sixty patients succumb, and with them the shortest duration of the disease was thirty-two hours. Among the cholera patients admitted to hospitals and treated, the mortality has been 50 per cent.; but in the town we estimate that it has been higher.

Recent European journals state that at Munich, where several cases of cholera have

occurred, the rooks and crows which flew about the steeples and through the trees of the public promenades have nearly all emigrated, and that the same thing happened during the cholera seasons of 1836 and 1864.

### Is Cod Oil a Medicine?

The New York *Commercial Advertiser* says: "A New York firm imported 2700 gallons of cod liver oil, and entered it as fish oil, under the reciprocity treaty between England and the United States. It was claimed by the Custom House officials that cod liver oil when imported was a medicinal preparation, subject to a duty of 30 per cent. ad valorem, and an additional duty of 10 per cent. under section 6 of the act of July 6th, 1862, making the total duties \$960 in gold. After eight years' delay, the attorney for the Government consented to a discontinuance under the rulings of the judge, though another suit is threatened.

### The German Schools of Medicine.

The number of students in the Vienna Medical Faculty diminishes sadly from year to year. Since Oppolzer's and Skoda's death, the diminution is very marked. Where one could with difficulty get within ear-shot in days gone by, on account of the number attending, the wards now, it is stated, are almost empty. In Prague and Gratz, however, the attendance is unusually good.

### Women as Doctors.

Miss SOPHIA JEX-BLAKE, the leader of the doctresses in England, indignantly disclaims, in a letter to the *Lancet*, that she has any desire to practice on the male sex. Her words are:—

"You remark that 'none of the female aspirants to medical practice have ever been known to hesitate to practice the art of medicine and surgery on men.' Had my paper at Norwich been more fully reported, you would have found in it these words: 'It is for the medical practice of women among their own sex, and for this alone, that I plead.' So far as I am aware, none of the four ladies now practicing in England are in the habit of attending male patients; nor have I, nor, as I believe, any of my fellow-students at Edinburgh, any such idea."

### The Amazon Tribes.

The Peruvian Amazon Exploring Commission lately issued a report, from which we find that malarious fever is prevalent on both banks of the mighty river, causing a large mortality among the native population. Adults and children are given up to the filthy habit of geophagy, or dirt eating, a practice productive of innumerable physical evils. It is common to find on the Amazon children of three years of age smoking, and "not averse to rum." Alto-

gether, the natives appear to be sunk in an abyss of moral filth and depravity from which nothing but a strong tide of European immigration can lift them.

#### Philadelphia County Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held Wednesday, Dec. 10th, 1873, at 8 o'clock P. M., at the hall of the College of Physicians.

All regular practitioners of medicine in the city are cordially invited to attend these meetings.

The subject before the next meeting will be: "The Use of Alcohol Medicinally and Socially."

The introductory paper will be read by Dr. George Kerr.

—Dr. F. Crace Calvert, well-known for his researches on carbolic acid and other disinfectants, died on the 24th of October, at his residence, Clayton-vale, Newtonheath, Manchester. He was seized with typhoid fever during a visit to the Vienna Exhibition last July, and his condition was aggravated by ulceration of the lungs, which was the cause of death. He was Professor of Chemistry at the Manchester Royal Institution. As an analytical chemist, Dr. Calvert has long had a more immediate professional connection with Manchester, but his research has made him known to scientific men throughout the world. His doctor's degree was sent him by the late Baron Liebig.

—Dr. Charles Webber, the Superintendent of the German Hospital in Newark, died November 18th, aged forty-six years. He was born in Bonn, Prussia, in 1827, and has been in charge of the hospital since its opening, on Christmas, 1870.

—The Memphis papers of the 7th report the death of the veteran Dr. A. P. Merrill, at New York, formerly of Natchez, and subsequently long a resident of Memphis, where he was considered the father of the city schools.

—Dr. William Murray, associate editor of the *British Medical Journal*, and one of the most promising physicians of England, died recently, at the early age of twenty-nine, chiefly, it is said, from overwork and intense application.

#### QUERIES AND REPLIES.

##### "Christ's Eye."

(REPORTER, vol. xxix, p. 378).

MESSRS. EDITORS:—The botanical name of the plant commonly called "Christ's Eye," is *Inula Chrysopsis*, also *Inula Oculus Christi*; so called, says Nuttall, in his *Flora of North America*, from the color of the flower. Its medical virtues are similar to those of Elecampane, *Inula Helenium*.

BOTANIST.

#### Babcock's Supporters.

Two for sale. Address A. J. K., this office.

#### When Vaccination Fails.

"What would you advise a physician to do, on whom repeated and thorough vaccinations have not had, and will not have any effect, in order to protect himself from small-pox?"

Reply.—We would advise recourse to the genuine kine-pox virus.

#### OBITUARY.

##### DR. JAMES E. MITCHELL.

The Medical and Chirurgical Faculty of Maryland met in special session November 11th, for the purpose of taking suitable action in reference to the death of the late Dr. James E. Mitchell. In the absence of the President and Vice-President, Dr. John Morris was called to the chair, and Drs. Frank Donaldson, Christopher Johnston and J. Gilman were appointed a committee to draft resolutions. The committee reported the following, which was unanimously adopted:—

Resolved, That this Faculty have heard with deep regret of the death of Dr. James E. Mitchell, and this Faculty appreciates the high, manly and professional qualities of our deceased brother, and lament his death.

#### MARRIAGES.

CHAPIN-BULL.—On November 12th, at Brattleboro, Vt., by Rev. A. Huntington Clapp, D.D., of New York, assisted by Rev. N. Mighill, of Brattleboro, Edward R. Chapin, M. D., of Flatbush, N. Y., and Mrs. Sarah G. Bull, daughter of the late Col. Joseph Goodhue, of Brattleboro.

FENNO-HUNT.—In Waltham, Mass., October 30th, by Rev. Mr. Fales, Miss Nina M., daughter of Dr. O. E. Hunt, of Waltham, and Mr. J. Arthur Fenno, of Boston.

GRAPLY-KNORR.—In this city, on the 18th inst., at St. John's P. E. Church, by the Rev. Charles Logan, assisted by Rev. G. A. Crook, D. Webster Grafly and Kate K., daughter of John K. Knorr, M. D.

KLAPP-INGRAHAM.—September 3d, Joseph Klapp, Jr., son of Dr. Joseph Klapp, of this city, and Carrie Ingraham, of Mississippi, daughter of the late Rev. J. H. Ingraham.

SMITH-McPHAIL.—On November 19th, at the residence of the bride's mother, by Rev. David Inglis, Wm. Chandler Smith and M. Louise, daughter of the late Dr. L. C. McPhail, all of Brooklyn.

VAN TRIES-MILLIGAN.—At Newport, Ferry county, Pa., on the 5th inst., by the Rev. J. Lynn Milligan, assisted by the Rev. A. C. Titus, Thomas C. Van Tries, M. D., of Pennsylvania Furnace, Huntingdon county, Pa., and Jennie M. Milligan, of Newport.

#### DEATHS.

LEWIS.—In Pittsburgh, on Sabbath morning, November 9th, 1873, Dr. D. W. Lewis, of the Nineteenth ward, in the fifty-first year of his age.

MAYBURY.—In this city, November 20th, Dr. William Maybury, in the 58th year of his age.

MITCHELL.—On the 17th inst., in Brooklyn, N. Y., Frances E., wife of Dr. C. L. Mitchell.

PALMER.—In Brooklyn, November 14th, David Palmer, M. D., aged 83 years.

SNED.—Dr. Albert Sned, a prominent physician of Richmond, Va., died in that city recently.

WATERS.—In Covington, Ky., on the 5th inst., at the residence of her parents, after a lingering illness, Mrs. Minora J. Waters, eldest daughter of Dr. D. W. Koudebush, aged 25 years.